



(c) If you went to trial, what kind of trial did you have? (Check one)

Jury ☒

Judge only ☐

7. Did you testify at a pretrial hearing, trial, or a post-trial hearing?

Yes ☐ No ☒

8. Did you appeal from the judgment of conviction?

Yes ☒ No ☐

9. If you did appeal, answer the following:

(a) Name of court: Supreme Court of Delaware

(b) Docket or case number (if you know): 313, 2005

(c) Result: Affirmed

(d) Date of result (if you know): Feb. 28, 2006

(e) Citation to the case (if you know): Monroe v. State 662 A.2d 560, 563 (DE 1995)

(f) Grounds raised: Trial court erred as a matter of law when it denied my motion for judgment of acquittal, because the state failed to present sufficient evidence that I intent to struck officer Shannon with bodily fluid.

(g) Did you seek further review by a higher state court? Yes ☐ No ☐

If yes, answer the following:

(1) Name of court: \_\_\_\_\_

(2) Docket or case number (if you know): \_\_\_\_\_

(3) Result: \_\_\_\_\_

(4) Date of result (if you know): \_\_\_\_\_

(5) Citation to the case (if you know): \_\_\_\_\_

(6) Grounds raised: \_\_\_\_\_

(h) Did you file a petition for certiorari in the United States Supreme Court?

Yes ☒ No ☐

If yes, answer the following:

(1) Docket or case number (if you know): There was not one

(Case Return with mandate to Superior Court.)

(2) Result: Return Denied without Further Review in its Court.

(3) Date of result (if you know): March, 16, 2006

(4) Citation to the case (if you know): Monroe v. State 652 A.2d 560, 563 (DE, 1995)

10. Other than the direct appeals listed above, have you previously filed any other petitions, applications, or motions concerning this judgment of conviction in any state court?

Yes ☒ No ☐

11. If your answer to Question 10 was "Yes," give the following information:

(a) (1) Name of court: Superior Court of Delaware

(2) Docket or case number (if you know): 0411013992

(3) Date of filing (if you know): April, 25, 2006

(4) Nature of the proceeding: Post Conviction Relief

(5) Grounds raised: 1) Ineffective Assistance of Counsel,  
2) Trial Court errored as a matter of Law,  
3) Illegal Sentence of Probation.

(6) Did you receive a hearing where evidence was given on your petition, application, or motion? Yes ☐ No ☒

(7) Result: Denied

(8) Date of result (if you know): May 25, 2006,

(b) If you filed any second petition, application, or motion, give the same information:

(1) Name of court: Superior Court of Delaware

(2) Docket or case number (if you know): 0411013992

(3) Date of filing (if you know): June 12, 2006

(4) Nature of the proceeding: Post Conviction Relief

(5) Grounds raised: Ineffective Assistance of Counsel  
Trial Court errors.

(6) Did you receive a hearing where evidence was given on your petition, application, or motion? Yes ☐ No ☒

(7) Result: Denied

(8) Date of result (if you know): Aug. 16, 2006.

(c) If you filed any third petition, application, or motion, give the same information:

(1) Name of court: Superior Court

(2) Docket or case number (if you know): # 0411013992

(3) Date of filing (if you know): 3/21<sup>st</sup>/2006

(4) Nature of the proceeding: Motion For New Trial

(5) Grounds raised: 1.) Ineffective Assistance of Counsel.  
2.) Ineffective Assistance of Counsel.  
3.) Ineffective Assistance of Counsel.  
4.) Ineffective Assistance of Counsel.

(6) Did you receive a hearing where evidence was given on your petition, application, or motion? Yes ☐ No ☒

(7) Result: Denied

(8) Date of result (if you know): May 25, 2006

(d) Did you appeal to the highest state court having jurisdiction over the action taken on your petition, application, or motion?

(1) First petition: Yes ☐ No ☒

(2) Second petition: Yes ☐ No ☒

(3) Third petition: Yes ☒ No ☐

(e) If you did not appeal to the highest state court having jurisdiction, explain why you did not:

Time Barred  
pursuant to, Supreme Court Rule 6.

12. For this petition, state every ground on which you claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.

CAUTION: To proceed in the federal court, you must ordinarily first exhaust (use up) your available state-court remedies on each ground on which you request action by the federal court. Also, if you fail to set forth all the grounds in this petition, you may be barred from presenting additional grounds at a later date.

GROUND ONE: TRIAL Court errors.

(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):

Trial Court erred as a matter of Law When AS  
It Denied Guinns motion for Judgment of Acquittal  
The State Failed To present sufficient evidence  
That Guinn intent to struck officer Shannon with  
Bodily Fluid.

(b) If you did not exhaust your state remedies on Ground One, explain why: \_\_\_\_\_

(c) Direct Appeal of Ground One:

(1) If you appealed from the judgment of conviction, did you raise this issue?

Yes ☒ No ☐

(2) If you did not raise this issue in your direct appeal, explain why: \_\_\_\_\_

(d) Post-Conviction Proceedings:

(1) Did you raise this issue through a post-conviction motion or petition for habeas corpus in a state trial court? Yes ☐ No ☒

(2) If your answer to Question (d)(1) is "Yes," state:

Type of motion or petition: \_\_\_\_\_

Name and location of the court where the motion or petition was filed: \_\_\_\_\_



Docket or case number (if you know): \_\_\_\_\_

Date of the court's decision: \_\_\_\_\_

Result (attach a copy of the court's opinion or order, if available): \_\_\_\_\_

(3) Did you receive a hearing on your motion or petition?

Yes ☐ No ☐

(4) Did you appeal from the denial of your motion or petition?

Yes ☐ No ☐

(5) If your answer to Question (d)(4) is "Yes," did you raise this issue in the appeal?

Yes ☐ No ☐

(6) If your answer to Question (d)(4) is "Yes," state:

Name and location of the court where the appeal was filed: \_\_\_\_\_

Docket or case number (if you know): \_\_\_\_\_

Date of the court's decision: \_\_\_\_\_

Result (attach a copy of the court's opinion or order, if available): \_\_\_\_\_

(7) If your answer to Question (d)(4) or Question (d)(5) is "No," explain why you did not raise this issue: The claim has been fairly presented. 2) The petitioner have

submitted to the state trial court and other higher courts both  
the legal theory and the facts that are "substantially equivalent"  
to this asserted in the current federal habeas petition.

(e) Other Remedies: Describe any other procedures (such as habeas corpus, administrative remedies, etc.) that you have used to exhaust your state remedies on Ground One: 1) Supreme Court

of Delaware Re-hearing on Bench (see page 3. and Exhibit)  
2) Motion for "Judgement of Acquittal" before the state trial court.

GROUND TWO: INEFFECTIVE ASSISTANCE OF COUNSEL

(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):

The trial court erred in refusing to grant a hearing on  
whether Appellants I was Denied his Right to effective  
assistance of Counsel, granted BY the Sixth Amendment  
of the stages of his trial when Counsel failed to subpoena  
and cross EXAM DEFENDANT witnesses, pursuant to his pre-  
trial alibi Notice; and further ineffective on his  
Appeal BY failing to follow Rule 26.

(A)(i) (C)(ii), (A)(B)(iii), (d)(iii) of the Del. Supr. Ct. R. 26 (2007).

(b) If you did not exhaust your state remedies on Ground Two, explain why:

(c) Direct Appeal of Ground Two:

(1) If you appealed from the judgment of conviction, did you raise this issue?

Yes ☐ No ☒

(2) If you did not raise this issue in your direct appeal, explain why: I Raised it a [more appropriate level] for Postconviction Relief, for the first time.

(d) Post-Conviction Proceedings:

(1) Did you raise this issue through a post-conviction motion or petition for habeas corpus in a state trial court?

Yes ☐ No ☐

(2) If your answer to Question (d)(1) is "Yes," state:

Type of motion or petition: Post-Conviction motion For Relief

Name and location of the court where the motion or petition was filed: Superior Court 500 N. King St., Suite 500 Wilm, DE 19801-3746 020310

Docket or case number (if you know): 0411013992

Date of the court's decision: April 17 2006.

Result (attach a copy of the court's opinion or order, if available): Denied as under state Superior Court Criminal R. 61(i)(2) 61(i)(4).

(3) Did you receive a hearing on your motion or petition?

Yes ☐ No ☒

(4) Did you appeal from the denial of your motion or petition?

Yes ☒ No ☐

(5) If your answer to Question (d)(4) is "Yes," did you raise this issue in the appeal?

Yes ☒ No ☐

(6) If your answer to Question (d)(4) is "Yes," state:

Name and location of the court where the appeal was filed: The Supreme Court P.O. Box 476 Dover, De 19903.

Docket or case number (if you know): 228, 2007  
Date of the court's decision: 9/21/2007  
Result (attach a copy of the court's opinion or order, if available): AFFirmed.  
see EXH. bit E#

(7) If your answer to Question (d)(4) or Question (d)(5) is "No," explain why you did not raise this issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (e) **Other Remedies:** Describe any other procedures (such as habeas corpus, administrative remedies, etc.) that you have used to exhaust your state remedies on Ground Two: Petitioner  
Filed a motion for a New Trial pursuant to Del  
Super. Court Crim. R., Rule 33

**GROUND THREE:** \_\_\_\_\_  
\_\_\_\_\_

- (a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (b) If you did not exhaust your state remedies on Ground Three, explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (c) **Direct Appeal of Ground Three:**

(1) If you appealed from the judgment of conviction, did you raise this issue?

Yes ☐ No ☐

(2) If you did not raise this issue in your direct appeal, explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**(d) Post-Conviction Proceedings:**

(1) Did you raise this issue through a post-conviction motion or petition for habeas corpus in a state trial court? Yes ☐ No ☐

(2) If your answer to Question (d)(1) is "Yes," state:

Type of motion or petition: \_\_\_\_\_

Name and location of the court where the motion or petition was filed: \_\_\_\_\_

Docket or case number (if you know): \_\_\_\_\_

Date of the court's decision: \_\_\_\_\_

Result (attach a copy of the court's opinion or order, if available): \_\_\_\_\_

(3) Did you receive a hearing on your motion or petition?

Yes ☐ No ☐

(4) Did you appeal from the denial of your motion or petition?

Yes ☐ No ☐

(5) If your answer to Question (d)(4) is "Yes," did you raise this issue in the appeal?

Yes ☐ No ☐

(6) If your answer to Question (d)(4) is "Yes," state:

Name and location of the court where the appeal was filed: \_\_\_\_\_

Docket or case number (if you know): \_\_\_\_\_

Date of the court's decision: \_\_\_\_\_

Result (attach a copy of the court's opinion or order, if available): \_\_\_\_\_

(7) If your answer to Question (d)(4) or Question (d)(5) is "No," explain why you did not raise this issue: \_\_\_\_\_

**(e) Other Remedies:** Describe any other procedures (such as habeas corpus, administrative remedies, etc.) that you have used to exhaust your state remedies on Ground Three: \_\_\_\_\_

**GROUND FOUR:** \_\_\_\_\_

(a) Supporting facts (Do not argue or cite law. Just state the specific facts that support your claim.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) If you did not exhaust your state remedies on Ground Four, explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) **Direct Appeal of Ground Four:**

(1) If you appealed from the judgment of conviction, did you raise this issue?

Yes ☐ No ☐

(2) If you did not raise this issue in your direct appeal, explain why: \_\_\_\_\_

(d) **Post-Conviction Proceedings:**

(1) Did you raise this issue through a post-conviction motion or petition for habeas corpus in a state trial court? Yes ☐ No ☐

(2) If your answer to Question (d)(1) is "Yes," state:

Type of motion or petition: \_\_\_\_\_

Name and location of the court where the motion or petition was filed: \_\_\_\_\_

Docket or case number (if you know): \_\_\_\_\_

Date of the court's decision: \_\_\_\_\_

Result (attach a copy of the court's opinion or order, if available): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(3) Did you receive a hearing on your motion or petition?

Yes ☐ No ☐

(4) Did you appeal from the denial of your motion or petition?

Yes ☐ No ☐

(5) If your answer to Question (d)(4) is "Yes," did you raise this issue in the appeal?

Yes ☐ No ☐

(6) If your answer to Question (d)(4) is "Yes," state:

Name and location of the court where the appeal was filed: \_\_\_\_\_

Docket or case number (if you know): \_\_\_\_\_

Date of the court's decision: \_\_\_\_\_

Result (attach a copy of the court's opinion or order, if available): \_\_\_\_\_

(7) If your answer to Question (d)(4) or Question (d)(5) is "No," explain why you did not raise this issue: \_\_\_\_\_

(e) **Other Remedies:** Describe any other procedures (such as habeas corpus, administrative remedies, etc.) that you have used to exhaust your state remedies on Ground Four: \_\_\_\_\_

13. Please answer these additional questions about the petition you are filing:

(a) Have all grounds for relief that you have raised in this petition been presented to the highest state court having jurisdiction? Yes ☐ No ☐

If your answer is "No," state which grounds have not been so presented and give your reason(s) for not presenting them: \_\_\_\_\_

(b) Is there any ground in this petition that has not been presented in some state or federal court? If so, which ground or grounds have not been presented, and state your reasons for not presenting them: \_\_\_\_\_

14. Have you previously filed any type of petition, application, or motion in a federal court regarding the conviction that you challenge in this petition? Yes ☐ No ☐

If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, the issues raised, the date of the court's decision, and the result for each petition, application, or motion filed. Attach a copy of any court opinion or order, if available. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Do you have any petition or appeal now pending (filed and not decided yet) in any court, either state or federal, for the judgment you are challenging? Yes ☐ No ☐

If "Yes," state the name and location of the court, the docket or case number, the type of proceeding, and the issues raised. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Give the name and address, if you know, of each attorney who represented you in the following stages of the judgment you are challenging:

(a) At preliminary hearing: \_\_\_\_\_ <sup>2</sup> <sub>1</sub>

(b) At arraignment and plea: MS. NICOLE M. WALKER, Public Defender  
OFFICE CARVEL STATE OFFICE BUILDING 820. N. FRENCH ST.  
3<sup>RD</sup> FLOOR WILM DEL, 19801,

(c) At trial: MS. NICOLE WALKER, SAME.

(d) At sentencing: NICOLE WALKER, SAME.

(e) On appeal: NICOLE WALKER, SAME.

(f) In any post-conviction proceeding: \_\_\_\_\_

(g) On appeal from any ruling against you in a post-conviction proceeding: \_\_\_\_\_

\_\_\_\_\_

17. Do you have any future sentence to serve after you complete the sentence for the judgment that you are challenging? Yes ☒ No ☐

(a) If so, give name and location of court that imposed the other sentence you will serve in the future: NEW CASTLE COUNTY COURT HOUSE 500 N. KING  
ST, suite 500 WILM, DE 19801-3746

(b) Give the date the other sentence was imposed: 1/11/06

(c) Give the length of the other sentence: (2\*) YEAR Level 2\*

(d) Have you filed, or do you plan to file, any petition that challenges the judgment or sentence to be served in the future? Yes ☐ No ☒

18. TIMELINESS OF PETITION: If your judgment of conviction became final over one year ago, you must explain why the one-year statute of limitations as contained in 28 U.S.C. § 2244(d) does not bar your petition.\*

\* The Antiterrorism and Effective Death Penalty Act of 1996 ("AEDPA") as contained in 28 U.S.C. § 2244(d) provides in part that:

(1) A one-year period of limitation shall apply to an application for a writ of habeas corpus by a person in custody pursuant to the judgment of a State court. The limitation period shall run from the latest of --



Therefore, petitioner asks that the Court grant the following relief: FOR JUDGMENT OF ACCIDENTAL UPON GROUNDS (1) (2) THAT IS CURRENTLY RAISED BEFORE THIS COURT.

or any other relief to which petitioner may be entitled.

\_\_\_\_\_  
Signature of Attorney (if any)

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct and that this Petition for Writ of Habeas Corpus was placed in the prison mailing system on \_\_\_\_\_ (month, date, year).

Executed (signed) on 1/10/07 (date).

TYRONE C. VININI  
Signature of Petitioner

\*(...continued)

(A) the date on which the judgment became final by the conclusion of direct review or the expiration of the time for seeking such review;

(B) the date on which the impediment to filing an application created by State action in violation of the Constitution or laws of the United States is removed, if the applicant was prevented from filing by such state action;

(C) the date on which the constitutional right asserted was initially recognized by the Supreme Court, if the right has been newly recognized by the Supreme Court and made retroactively applicable to cases on collateral review; or

(D) the date on which the factual predicate of the claim or claims presented could have been discovered through the exercise of due diligence.

(2) The time during which a properly filed application for State post-conviction or other collateral review with respect to the pertinent judgment or claim is pending shall not be counted toward any period of limitation under this subsection.

If the person signing is not petitioner, state relationship to petitioner and explain why petitioner is not signing this petition. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN FORMA PAUPERIS DECLARATION

\_\_\_\_\_  
[Insert appropriate court]

\* \* \* \* \*

AO 240 (Rev. 10/03)  
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

Tyrone Guinn  
Plaintiff  
V.  
STATE OF DELAWARE  
Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVITCASE NUMBER: ID. # 0411013992

I, Tyrone Guinn declare that I am the (check appropriate box)  
☒ Petitioner/Plaintiff/Movant      • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • ☒ Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration DELAWARE CORRECTIONAL CENTER 1181  
PACKLOCK RD. SMYRNA DEL. 19977.

Inmate Identification Number (Required): 375731

Are you employed at the institution? No Do you receive any payment from the institution? No

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • ☒ No
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |         |                                       |
|---|---------|---------------------------------------|
| a. Business, profession or other self-employment  | • • Yes | • • No                                |
| b. Rent payments, interest or dividends           | • • Yes | • • No                                |
| c. Pensions, annuities or life insurance payments | • • Yes | • • No                                |
| d. Disability or workers compensation payments    | • • Yes | • • No                                |
| e. Gifts or inheritances                          | • • Yes | • • No                                |
| f. Any other sources                              | • • Yes | • <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes ☒ • No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes ☒ • No

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

N/A

I declare under penalty of perjury that the above information is true and correct.

11/2007  
DATE

Tyrone Gwinn  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

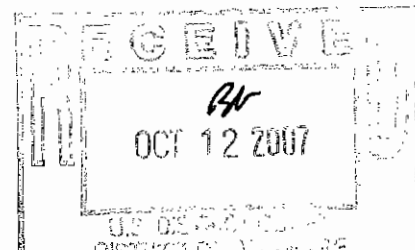
✓

**Petition for Relief From a Conviction or Sentence  
By a Person in State Custody**

(Petition Under 28 U.S.C. § 2254 for a Writ of Habeas Corpus)

**Instructions**

1. To use this form, you must be a person who is currently serving a sentence under a judgment against you in a state court. You are asking for relief from the conviction or the sentence. This form is your petition for relief.
  2. You may also use this form to challenge a state judgment that imposed a sentence to be served in the future, but you must fill in the name of the state where the judgment was entered. If you want to challenge a federal judgment that imposed a sentence to be served in the future, you should file a motion under 28 U.S.C. § 2255 in the federal court that entered the judgment.
  3. Make sure the form is typed or neatly written.
  4. You must tell the truth and sign the form. If you make a false statement of a material fact, you may be prosecuted for perjury.
  5. Answer all the questions. You do not need to cite law. You may submit additional pages if necessary. If you do not fill out the form properly, you will be asked to submit additional or correct information. If you want to submit a brief or arguments, you must submit them in a separate memorandum.
  6. You must pay a fee of \$5. If the fee is paid, your petition will be filed. If you cannot pay the fee, you may ask to proceed *in forma pauperis* (as a poor person). To do that, you must fill out the last page of this form. Also, you must submit a certificate signed by an officer at the institution where you are confined showing the amount of money that the institution is holding for you. If your account exceeds \$ \_\_\_\_\_, you must pay the filing fee.
- 
7. In this petition, you may challenge the judgment entered by only one court. If you want to challenge a judgment entered by a different court (either in the same state or in different states), you must file a separate petition.
  8. When you have completed the form, send the original and two copies to the Clerk of the United States District Court at this address:  
  
Clerk, United States District Court for New Castle County  
Address  
City, State Zip Code
  9. **CAUTION:** You must include in this petition all the grounds for relief from the conviction or sentence that you challenge. And you must state the facts that support each ground. If you fail to set forth all the grounds in this petition, you may be barred from presenting additional grounds at a later date.
  10. **CAPITAL CASES:** If you are under a sentence of death, you are entitled to the assistance of counsel and should request the appointment of counsel.





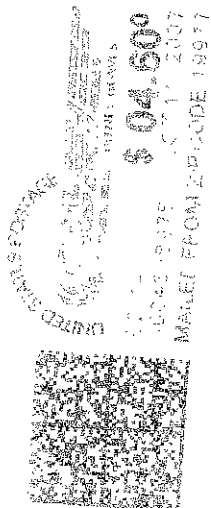
U.S.M.S.  
X-RAYTo: Tyrone Quinn  
SBI# 375731 UNIT 514,

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977

Official Business

To: Clerk United States District Court  
for New Castle County  
844 N. King St. Lockbox 18 Wilmington, Delaware  
19801-3570

- LEGAL MAIL -

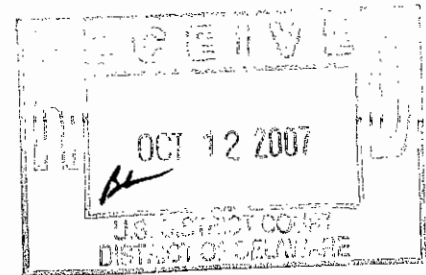
**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

TO: Tyrone Gunn SBI#: 375731

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: May 29, 2007



Attached are copies of your inmate account statement for the months of November, 2006 to April 30, 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Nov</u>	<u>12.14</u>
<u>Dec</u>	<u>13.24</u>
<u>Jan</u>	<u>57.80</u>
<u>Feb</u>	<u>15.00</u>
<u>March</u>	<u>7.16</u>
<u>April</u>	<u>1.40</u>

Average daily balances/6 months: 17.62

Attachments

CC: File

Stacy Shane  
5/29/07

Jeanette L. Shaw  
5/29/07

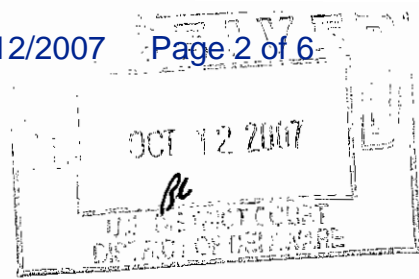
# Individual Statement From November 2006 to December 2006

Date Printed: 5/29/2007

Page 1 of 2

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	Ending Month Balance:
00375731	Guinn	Tyrone			\$1.23	\$25.00
Current Location: 19		Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	11/1/2006	(\$0.72)	\$0.00	\$0.00	\$0.51	339883			
Supplies-MailPosta	11/1/2006	\$0.00	\$0.00	(\$2.79)	\$0.51	340557		10/26/06	
Supplies-MailPosta	11/1/2006	\$0.00	\$0.00	(\$0.35)	\$0.51	340584		LAW LIBRARY 7/25/0	
Legal	11/2/2006	\$0.00	\$0.00	(\$3.00)	\$0.51	341777			
Legal	11/2/2006	\$0.00	\$0.00	(\$3.00)	\$0.51	341788			
Supplies-MailPosta	11/3/2006	(\$0.39)	\$0.00	\$0.00	\$0.12	342264		10/26/06	
Legal	11/3/2006	(\$0.12)	\$0.00	(\$2.88)	\$0.00	342412			
Supplies-MailPosta	11/3/2006	\$0.00	\$0.00	(\$0.39)	\$0.00	342699		11/2/06	
Supplies-MailPosta	11/3/2006	\$0.00	\$0.00	(\$0.39)	\$0.00	342700		11/3/06	
Supplies-MailPosta	11/3/2006	\$0.00	\$0.00	(\$3.27)	\$0.00	342707		1/3/06	
Supplies-MailPosta	11/3/2006	\$0.00	\$0.00	(\$4.20)	\$0.00	342786		10/25/06	
Visit	11/13/2006	\$25.00	\$0.00	\$0.00	\$25.00	345202	08459267849-07714		J. GUINN
Canteen	11/14/2006	(\$4.99)	\$0.00	\$0.00	\$20.01	345839			
Supplies-MailPosta	11/17/2006	\$0.00	\$0.00	(\$0.39)	\$20.01	347982		11/16/06	
Supplies-MailPosta	11/17/2006	\$0.00	\$0.00	(\$0.39)	\$20.01	347983		11/16/06	
Supplies-MailPosta	11/17/2006	\$0.00	\$0.00	(\$0.87)	\$20.01	348005		11/13/06	
Supplies-MailPosta	11/17/2006	\$0.00	\$0.00	(\$0.39)	\$20.01	348013		11/9/06	
Canteen	11/28/2006	(\$0.66)	\$0.00	\$0.00	\$19.35	350909			
Legal	12/7/2006	\$0.00	\$0.00	(\$3.00)	\$19.35	355922		11/2/06	
Supplies-MailPosta	12/8/2006	(\$0.39)	\$0.00	\$0.00	\$18.96	356368		11/3/06	
Supplies-MailPosta	12/8/2006	(\$0.39)	\$0.00	\$0.00	\$18.57	356369		1/3/06	
Supplies-MailPosta	12/8/2006	(\$3.27)	\$0.00	\$0.00	\$15.30	356372		10/25/06	
Supplies-MailPosta	12/8/2006	(\$4.20)	\$0.00	\$0.00	\$11.10	356480			
Legal	12/8/2006	(\$2.88)	\$0.00	\$0.00	\$8.22	356741			
Supplies-MailPosta	12/8/2006	(\$2.79)	\$0.00	\$0.00	\$5.43	356809		10/26/06	
Supplies-MailPosta	12/8/2006	(\$0.39)	\$0.00	\$0.00	\$5.04	356815		11/16/06	
Supplies-MailPosta	12/8/2006	(\$0.39)	\$0.00	\$0.00	\$4.65	356816		11/16/06	
Supplies-MailPosta	12/8/2006	(\$0.87)	\$0.00	\$0.00	\$3.78	356834		11/13/06	
Supplies-MailPosta	12/8/2006	(\$0.35)	\$0.00	\$0.00	\$3.43	356872		LAW LIBRARY 7/25/0	
Legal	12/8/2006	(\$3.00)	\$0.00	\$0.00	\$0.43	356880			
Supplies-MailPosta	12/8/2006	(\$0.39)	\$0.00	\$0.00	\$0.04	356882		11/9/06	



# Individual Statement From November 2006 to December 2006

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Date Printed: 5/29/2007

SBI 00375731	Last Name Guinn	First Name Tyrone	MI Suffix	Beginning Month Balance: Ending Month Balance:	\$1.23 \$25.00
Current Location: 19				Comments:	

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Legal	12/8/2006	(\$0.04)	\$0.00	(\$2.96)	\$0.00	357129			
Mail	12/21/2006	\$25.00	\$0.00	\$0.00	\$25.00	362209	08-459268041		J GUINN
Supplies-Mail/Posta	12/22/2006	\$0.00	\$0.00	(\$3.70)	\$25.00	363031		INDIGENT 12/12/06	
					Ending Month Balance: \$25.00				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$3.48)

# Individual Statement From January 2007 to April 2007

Date Printed: 5/29/2007

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SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:		Ending Month Balance:		
00375731	Guinn	Tyrone				\$25.00		\$0.00	
Current Location: 19		Comments:							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Supplies-MailPosta	1/2/2007	\$0.00	\$0.00	(\$0.39)	\$25.00	366509		12/18/06	
Mail	1/2/2007	\$50.00	\$0.00	\$0.00	\$75.00	366801	56273301183		P LOVETT
Canteen	1/9/2007	(\$36.21)	\$0.00	\$0.00	\$38.79	369800			
Supplies-MailPosta	1/10/2007	\$0.00	\$0.00	(\$0.63)	\$38.79	371197		12/21/06	
Supplies-MailPosta	1/10/2007	\$0.00	\$0.00	(\$0.39)	\$38.79	371261		12/18/06	
Supplies-MailPosta	1/11/2007	\$0.00	\$0.00	(\$0.39)	\$38.79	371392		12/7/06	
Canteen	1/16/2007	\$26.23	\$0.00	\$0.00	\$65.02	372557		REFUND	
Legal	1/16/2007	\$0.00	\$0.00	(\$2.96)	\$65.02	373217		12/06	
Legal	1/16/2007	\$0.00	\$0.00	\$2.96	\$65.02	373218			
Supplies-MailPosta	1/16/2007	\$0.00	\$0.00	(\$0.39)	\$65.02	373589		12/15/06	
Supplies-MailPosta	1/16/2007	\$0.00	\$0.00	(\$4.05)	\$65.02	373599		11/15/06	
Legal	1/18/2007	(\$2.96)	\$0.00	\$0.00	\$62.06	374755		12/06	
Legal	1/18/2007	(\$2.96)	\$0.00	\$0.00	\$59.10	374788			
Legal	1/18/2007	\$2.96	\$0.00	\$0.00	\$62.06	374789			
Supplies-MailPosta	1/19/2007	\$0.00	\$0.00	(\$0.63)	\$62.06	375213		11/28/06	
Supplies-MailPosta	1/19/2007	\$0.00	\$0.00	(\$0.39)	\$62.06	375216		11/29/06	
Canteen	1/23/2007	(\$3.52)	\$0.00	\$0.00	\$58.54	375600			
Supplies-MailPosta	1/30/2007	(\$3.70)	\$0.00	\$0.00	\$54.84	378955		INDIGENT 12/12/06	
Supplies-MailPosta	1/30/2007	(\$0.39)	\$0.00	\$0.00	\$54.45	379064		12/18/06	
Supplies-MailPosta	1/30/2007	(\$0.39)	\$0.00	\$0.00	\$54.06	379361		12/15/06	
Supplies-MailPosta	1/30/2007	(\$4.05)	\$0.00	\$0.00	\$50.01	379371		11/15/06	
Supplies-MailPosta	1/30/2007	(\$0.39)	\$0.00	\$0.00	\$49.62	379467		12/18/06	
Supplies-MailPosta	1/30/2007	(\$0.63)	\$0.00	\$0.00	\$48.99	379504		11/28/06	
Supplies-MailPosta	1/30/2007	(\$0.39)	\$0.00	\$0.00	\$48.60	379507		11/29/06	
Supplies-MailPosta	1/30/2007	(\$0.39)	\$0.00	\$0.00	\$48.21	379606		12/7/06	
Supplies-MailPosta	1/30/2007	(\$0.63)	\$0.00	\$0.00	\$47.58	379648		12/21/06	
Mail	1/31/2007	\$25.00	\$0.00	\$0.00	\$72.58	380689	7604376330		J GUINN
Pay-To	2/1/2007	(\$12.00)	\$0.00	\$0.00	\$60.58	381734		XXL	
Legal	2/2/2007	\$0.00	\$0.00	(\$10.00)	\$60.58	381800		JAN 2007	
Legal	2/2/2007	(\$10.00)	\$0.00	\$0.00	\$50.58	382080		JAN 2007	
Legal	2/2/2007	\$0.00	\$0.00	\$0.00	\$50.58	382120		JAN 2007	



# Individual Statement From January 2007 to April 2007

Date Printed: 5/29/2007

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SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:		Ending Month Balance:		
00375731	Guinn	Tyrone				\$25.00		\$0.00	
Current Location:		19	Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Legal	2/2/2007	\$0.00	\$0.00	\$0.00	\$50.58	382153		JAN 2007	
Visit	2/5/2007	\$25.00	\$0.00	\$0.00	\$75.58	382258	0490495311-00067		J GUINN
Canteen	2/6/2007	(\$65.77)	\$0.00	\$0.00	\$9.81	382529			
Supplies-MailPosta	2/6/2007	\$0.00	\$0.00	(\$0.63)	\$9.81	383338		1/21/07	
Supplies-MailPosta	2/9/2007	\$0.00	\$0.00	(\$0.39)	\$9.81	384761		1/15/07	
Supplies-MailPosta	2/16/2007	\$0.00	\$0.00	(\$0.39)	\$9.81	388580		1/17/07	
Supplies-MailPosta	2/16/2007	(\$0.63)	\$0.00	\$0.00	\$9.18	388914		1/21/07	
Supplies-MailPosta	2/16/2007	(\$0.39)	\$0.00	\$0.00	\$8.79	389237		1/15/07	
Supplies-MailPosta	2/16/2007	(\$0.39)	\$0.00	\$0.00	\$8.40	389350		1/17/07	
Canteen	2/20/2007	(\$8.37)	\$0.00	\$0.00	\$0.03	390287			
Supplies-MailPosta	2/23/2007	\$0.00	\$0.00	(\$0.87)	\$0.03	392249		2/14/07	
Supplies-MailPosta	2/23/2007	\$0.00	\$0.00	(\$0.39)	\$0.03	392397		2/14/07	
Supplies-MailPosta	2/23/2007	\$0.00	\$0.00	(\$0.39)	\$0.03	392400		2/21/07	
Legal	3/6/2007	\$0.00	\$0.00	(\$3.00)	\$0.03	396977		FEB 07	
Legal	3/9/2007	(\$0.03)	\$0.00	(\$2.97)	\$0.00	398650		FEB 07	
Visit	3/13/2007	\$25.00	\$0.00	\$0.00	\$25.00	399505	77604382467-23754		J GUINN
Supplies-MailPosta	3/19/2007	\$0.00	\$0.00	(\$3.70)	\$25.00	401644		INDIGENT 3/5/07	
Canteen	3/20/2007	(\$16.66)	\$0.00	\$0.00	\$8.34	402090			
Supplies-MailPosta	3/22/2007	(\$0.87)	\$0.00	\$0.00	\$7.47	404319		2/14/07	
Supplies-MailPosta	3/22/2007	(\$0.39)	\$0.00	\$0.00	\$7.08	404463		2/14/07	
Supplies-MailPosta	3/22/2007	(\$0.39)	\$0.00	\$0.00	\$6.69	404473		2/21/07	
Supplies-MailPosta	3/22/2007	(\$3.70)	\$0.00	\$0.00	\$2.99	404696		INDIGENT 3/5/07	
Legal	4/5/2007	\$0.00	\$0.00	(\$3.00)	\$2.99	410589		MARCH 07	
Legal	4/5/2007	(\$2.97)	\$0.00	\$0.00	\$0.02	411260		FEB 07	
Legal	4/5/2007	(\$0.02)	\$0.00	(\$2.98)	\$0.00	411280		MARCH 07	
Supplies-MailPosta	4/12/2007	\$0.00	\$0.00	(\$2.46)	\$0.00	414001		INDIGENT 4/2/07	
Supplies-MailPosta	4/24/2007	\$0.00	\$0.00	(\$0.39)	\$0.00	419419		3/29/07	

# Individual Statement From January 2007 to April 2007

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Date Printed: 5/29/2007

SBI 00375731	Last Name Guinn	First Name Tyrone	MI	Suffix	Beginning Month Balance: Ending Month Balance:	\$25.00 \$0.00
Current Location: 19					Comments:	

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Ending Month Balance:					\$0.00				

Total Amount Currently on Medical Hold: \$0.00  
 Total Amount Currently on Legal Hold: \$0.00  
 Total Amount Currently on Restitution Hold: \$0.00  
 Total Amount Currently on Other Hold: (\$3.48)